

JHHCG Dependent Child Tuition Application and Agreement

Please read the information on the back of this form. This application and agreement must be completed for each child. If both parents are employed by JHHCG, both must complete an application to be submitted to the Human Resources Office, at the same time. Please attach the statement from the college/university showing tuition, fees and any scholarships awarded. Payment under this benefit is taxable and subject to withholding rules.

Part I: Employee Information (Please Print)

Employee Name: _____ SSN: _____-_____-_____
 Address: _____
 Home No.:() _____ Work No.: _____
 Department: _____ Location: _____

Part II: Student Information (Please Print)

Name*: _____ SSN: _____-_____-_____
 Date of Birth: ___/___/19___ Date of Admission: ___/___/___ Projected Graduation Date: ___/___/___

College/ University Name and Address:

_____ Cost per credit: \$ _____
 _____ Amt. Received: \$ _____
 _____ Amount of the Fees:
 Semester applying for**: _____ \$ _____
 Please list mandatory fees*** \$ _____
 _____ \$ _____

*Proof of relationship may be required if name is different from employee.
 ** A copy of the college or university's bill may be attached in lieu of completing this section.
 **Mandatory fees are fees that every student attending the school must be charged regardless of status, program or degree. They include but are not limited to academic fees, student health fees and activity fees. They do not include housing, meal plans and/or books.

Part III: Certification

I certify that I have read the back of this form, and have provided accurate information. I further certify that I have been in a full-time eligible status for two consecutive years, and that I am an employee in good standing. If I do not maintain full-time status or have a change in job classification that will affect my eligibility for this benefit, or if my dependent does not maintain full-time status, I understand and agree that I am required to refund 100% of the tuition payment paid to me for that semester by my employer in accordance with the Dependent Child Tuition policy. By signing below, I acknowledge that I have reviewed that policy and that I am giving JHHCG permission to withhold from my paycheck(s) any monies I may owe as a result of my or my dependent's change in status (including my final pay or paid time off payout).

Employee's Signature _____ Social Security Number _____-_____-_____
 Date ___/___/___

Benefits Office Use Only:

JHHCG _____ Date: ___/___/___
 Amount paid to Employee: \$ _____

Employee's Name: _____ SSN: _____-_____-_____
 Dept. # _____ Account #: _____ Benefits Approval: _____